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FACSIMILE COVER SHEET
PLEASE DELIVER IMMEDIATELY!!!!

Our Ref.: 1131-62
Your Ref.: _____ Date: April 5, 2005
To: Terry Dey
Firm: _____
Facsimile No.: 571 273 0100
From: Michelle Lester

Number of Pages (including cover sheet): 5
(IF YOU DO NOT RECEIVE ALL OF THE PAGES OR ENCOUNTER DIFFICULTIES IN TRANSMISSION,
PLEASE CONTACT US IMMEDIATELY AT (703-816-4000).

slj
FACSIMILE OPERATOR

ATTACHMENT/S:

MESSAGE:

Terry:

Per your telephone request, attached are copies of the two Requests for Withdrawal as Attorney or Agent filed by us in Application No. 09/699,398. On information and belief, the November 19, 2004 submission shows Dr. Lynn's most current address..

Regards,

Michelle Lester

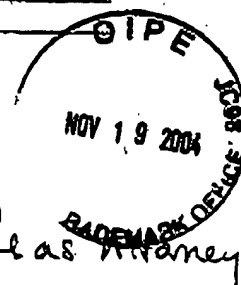
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19.2-00 2005 04/05 TUE 11:25 [TX/RX NO 5133] 001

Serial No.: 09/699,398 Atty: MNL-14
Applicant: LYNN Date: Nov. 19, '04
Title: LUER RECEIVING MEDICAL Client: 1131
Ref: 62

____ Amendment
____ Pages Specification
____ Claims
____ Sheets Drawings: Formal _____
Informal _____
____ Declaration (_____ Pages)
____ Assignment
____ Priority Document
____ Base Issue Fee Transmittal
____ Check Enclosed (\$))
____ Credit Card Payment Form (\$))
Other : Request for Withdrawal as Attorney



PTO/SB/36 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

Application Number	09/699,398
Filing Date	October 31, 2000
First Named Inventor	LYNN
Title	LUER RECEIVING MEDICAL VALVE AND FLUID TRANSFER METHOD
Atty Docket Number	1131-62
Group Art Unit	3763
Examiner	Rodriguez

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are: Applicant has assumed responsibility for this case henceforth.

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☐ Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS☐ Customer NumberPlace Customer Number
Bar Code Label Here**OR**

<input checked="" type="checkbox"/>	Firm or Individual Name	Lawrence A. Lynn, D.O.			
Address		1275 Olentangy River Road			
Address					
City	Columbus	State	Ohio	Zip	43212
Country	United States				
Telephone	(614) 937-6626		Fax		

☒ This request is made on behalf of myself and☒ all the attorneys/agents of record☐ all the attorneys/agents (with registration numbers) listed on the attached paper(s), or☐ the attorneys/agents associated with Customer Number

This request is enclosed in triplicate (including any attachments).

Name Michelle N. Lester, Reg. No. 32,331

Signature

Date November 19, 2004

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) and application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR. 1.14. This collection is estimated to take 12 minutes to completed, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Serial No.: 09/699,398

C#/M#: 1131-62

Inventor/s: LYNN

Atty: Michelle N. Lester

Date: Jun. 1, 04

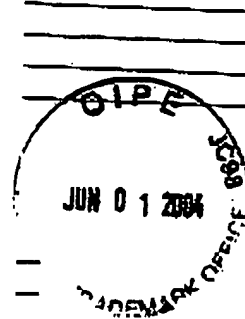
Title: LUER RECEIVING MEDICAL VALVE AND FLUID
TRANSFER METHOD**XX REQUEST FOR WITHDRAWAL AS
ATTORNEY OR AGENT**

\$ Fee (Check) - Pre-Bill

\$ Fee (Check) - Non Pre-Bill

\$0.00 Total Fee Enclosed

Other:



PTO/SB/36 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031
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CORRESPONDENCE ADDRESS☐ Customer NumberPlace Customer Number
Bar Code Label Here**OR**

<input checked="" type="checkbox"/>	Firm or Individual Name	Lawrence A. Lynn, D.O.				
Address		1275 Kinear Road				
Address						
City		Columbus	State	Ohio	Zip	43212
Country		United States				
Telephone		614-340-1864		Fax	614-487-3704	

☒ This request is made on behalf of myself and☒ all the attorneys/agents of record☐ all the attorneys/agents (with registration numbers) listed on the attached paper(s), or☐ the attorneys/agents associated with Customer Number

This request is enclosed in triplicate (including any attachments).

Name Michelle N. Lester, Reg. No. 32,331Signature Date June 1, 2004**NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.**

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